

DEPARTMENT OF COMMUNITY SERVICES  
**CITY AND COUNTY OF HONOLULU**  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR, HONOLULU, HAWAII 96813 • PHONE: (808) 768-7096 • FAX: (808) 768-7039  
1000 ULU'OHIA STREET, #118, KAPOLEI, HAWAII 96707 • PHONE: (808) 768-3000 • FAX: (808) 768-3237  
INTERNET: <http://www.honolulu.gov/dcs/housing.htm>

## CRIMINAL HISTORY/SEX OFFENDER CERTIFICATION

As part of the screening process for the housing assistance program, all adult household members (18 years and older) are required to complete this certification. The answers provided on this certification are used in part to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). As part of the screening process, any answers or documentation you provide as part of the application or recertification process are subject to verification. Failure to disclose any information and/or answer all questions in the application, including questions on this form, fully and truthfully, may constitute grounds for denial or rejection of your application. In addition, making false statements on this affidavit is a crime and may result in CRIMINAL PROSECUTION.

**FULL LEGAL NAME** \_\_\_\_\_

**ANY MAIDEN NAMES OR ALIASES** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CURRENT HOME ADDRESS (RESIDENCE)**

**PREVIOUS HOME ADDRESS**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

State, Zip: \_\_\_\_\_

1. Have you ever been cited, arrested, or charged, for any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
2. Do you have a case pending for any crime (misdemeanor or felony), other than traffic violations?  
\_\_\_\_\_
3. Are you under indictment for any crime? \_\_\_\_\_
4. Have you ever been convicted of any crime (misdemeanor or felony), regardless of date, other than traffic violations? \_\_\_\_\_
5. Are you a fugitive from justice? \_\_\_\_\_
6. If you answered "yes" to any of the questions listed above, do any of the charges, pending charges, indictments, arrests, or convictions include drug-related or gang-related offenses?  
\_\_\_\_\_

7. In the past three (3) years, have you ever been evicted or asked to vacate public housing or any other subsidized housing due to: (a) drug activity (b) alcohol abuse (c) criminal activity (d) gang activity or (e) interfering with the health, safety, or the right to peaceful enjoyment of the premises by other residents? \_\_\_\_\_
8. Are you currently on parole, probation, or court supervision? \_\_\_\_\_
9. Are you subject to registration as a sex offender? \_\_\_\_\_
10. Have you ever committed fraud in connection with any federally funded program (i.e. housing, Social Security, Veterans Affairs, Medicaid/Medicare, welfare, food stamps, etc.)? \_\_\_\_\_
11. Have you ever had to repay money to such a program or agency due to misrepresenting information? \_\_\_\_\_ Are you still paying? \_\_\_\_\_
12. Have you lost your assistance from such a program due to engaging in threatening or abusive or violent behavior toward the agency's personnel? \_\_\_\_\_

**IF YOU ANSWERED “YES” TO ANY QUESTION ABOVE, EXPLAIN IN DETAIL (including dates, charges, and outcome):**

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**WARNING:** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. **MAKING FALSE STATEMENTS ON THIS DOCUMENT IS ALSO A FELONY UNDER HAWAII STATE LAW** (SECTIONS 386-98, 710-1060, 708-830) AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE AND OBTAINING MONEY UNDER FALSE PRETENSES.

I do hereby certify under penalty of perjury, that all of the information contained in this document is true and correct. I understand and acknowledge that falsifying information on this certification may result in denial of admission into the Housing Choice Voucher Program (Section 8) or immediate termination of my housing assistance subsidy and/or criminal prosecution.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_